

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35474

1. PLACE OF DEATH
110 County Washington Registration District No. 887
Township Bretz Primary Registration District No. 6179
City St. Charles (N) St. St. Charles Ward 1

2. FULL NAME Guy Stanford McCay
(a) Residence, No. 2 St. St. Charles Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 24 1933</u>	19 <u>33</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 24 1933</u> to <u>Oct 24 1933</u> . I last saw him alive on <u>Oct 24 1933</u> . Death is said to have occurred on the date stated above, at <u>11:00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Acute Indigestion</u> <u>11:00</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1888</u>				Date of onset <u>11:00</u>		
7. AGE YEARS <u>45</u>		MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	Other contributory causes of importance:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Name of operation <u>Indigestion</u> Date of <u>Oct 24 1933</u> What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>Yes</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year) <u>1888</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>Oct 24 1933</u> Where did injury occur? <u>St. Charles, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
FATHER	11. Total time (years) spent in this occupation <u>1180</u>				Manner of injury <u>Indigestion</u> Nature of injury <u>Acute</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bismarck Mo.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>Indigestion</u>	
MOTHER	13. NAME <u>George McCabe</u>				(Signed) <u>Thomas P. Denny</u> M. D. (Address) <u>St. Charles Mo.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Neb.</u>					
15. MAIDEN NAME <u>Jennie</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>						
17. INFORMANT <u>Carl McCabe</u> (ADDRESS) <u>Potosi Mo.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck</u> DATE <u>Oct 27 1933</u>						
19. UNDERTAKER <u>Sparks & Sparks</u> (ADDRESS) <u>Potosi Mo.</u>						
20. FILED <u>Nov 6 1933</u> <u>C. F. Hess</u> Registrar						

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